



# Prevention & Recovery

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*"When you were born, you cried and the world rejoiced. Live your life so that when you die, the world cries and you rejoice." — White Elk*

A Quarterly Newsletter ■ A Multi-Agency Alcohol and Substance Abuse Prevention Collaboration

## The Wisdom of Investing in Native Youth

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## Native Youth Provide Strong Leadership

For its 40th Anniversary issue in 2010, Smithsonian asked experts to forecast what will happen in arts and culture, environment, medicine and science, population, and technology during the next 40 years. Chris Eyre, film director and producer, predicted that Native youth will revive their communities through knowledge of ancient traditions and cultures learned from their elders (<http://www.smithsonianmag.com/40th-anniversary/a-youth-renaissance-for-native-americans-1014139/>). The future that Eyre predicted is happening now—Native youth are already leading change in their communities and are a critical part of community healing.

Dr. Jami Bartgis, President and CEO of One Fire Associates in Sand Springs, Oklahoma, works closely with Native American youth. In her

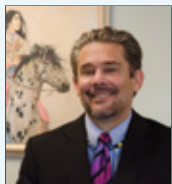
work with community planning for mental health and wellness, Dr. Bartgis has witnessed first-hand youth engagement and leadership in revitalizing Native cultural and traditional ways. Of course, as young people of the 21st century, an integral part of their lives and activities involve technology. Native youth are reaching out to their peers and others with digital storytelling and photo voice projects by taking part in public service announcements, and by engaging in social media to renew traditional ways.

### Youth Movement

Youth—people up to age 25—typically become engaged in community activities at 14, but can become involved throughout adolescence and young adulthood. Their leadership is changing communities in significant ways, Dr. Bartgis says. The energy and

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## Director's Corner



**Rod Robinson**  
*Northern Cheyenne  
Director, Office of Indian  
Alcohol and Substance  
Abuse, SAMHSA*

Greetings to all my relatives. A new year has begun and it will not be long before the spring season will begin to show herself. This is an energizing time of the year and a crucial time to focus on our young people. In the last two editions of the newsletter, we have been focusing on healthy and safe schools and communities. Now, we want to focus on "the Wisdom of Investing in our Native Youth".

My father would always say, "Wishing and getting are two different things"; meaning, we often fall into the trap of sincerely meaning it when we say, "our children are our most precious resource, we must never forget this." However, when it comes to allocating financial resources or includ-

ing youth in the decision-making process that mostly affects them, we more often than not end up making decisions for them. When budget shortfalls come, the first programs that get cut are youth services. Why does this happen time and again?

We could all easily point the finger in one or more directions; however, rather than go through this futile and frustrating exercise, we choose to tether ourselves to a renewed commitment to do whatever it takes to reach our young ones with a message of hope and opportunity, a message that offers attraction to a healthier lifestyle, rather than promotion to one that they must do or else.

The lessons that I have learned from youth are: walk with me, don't just work with me; stop assessing me and start listening to me; teach me instead of treating me, and please stop trying to fix me; just guide me by your example. When you talk to me in this way, I really do hear you, I promise.

Most of us can remember a time when we did not have a voice regarding what was going to happen to us. Therefore, we must forever support our youth in a manner that

gives them a voice. We need to invite them to the table of discussion and listen to their ideas for healing our nations. Young people today not only have amazing ideas to share, they also have a sacred mission and intense passion to apply to this healing process, if only given the opportunity.

In following with the Administration's lead, more than any other time that I can remember, "Now Is the Time" to re-commit to our children that we will walk with them on their journey of safe passage to a healthy and safe lifestyle. We will invest our time. We will listen to them. We will pray for them and we will celebrate their successes with them.

What you will read in this edition of the Prevention and Recovery newsletter are the many ways that we are re-committing to investing in our youth. *The return on this investment will change our world.*

For more information, please visit us at [www.samhsa.gov/tloa](http://www.samhsa.gov/tloa) or contact the Office of Indian Alcohol and Substance Abuse at (240) 274-0549.

## Great Plains Area Youth Regional Treatment Center Provides Holistic Behavior Healthcare

**Lavon Booth, Program Director**

The Great Plains Area Youth Regional Treatment Center (GPAYRTC), formerly the Aberdeen Area Youth Regional Treatment Center, is an 18-bed, open-enrollment, co-ed treatment center for American Indian adolescents, ages 13-17 (18-year-olds on a case by case basis), who have a primary diagnosis of substance abuse or chemical dependency. The GPAYRTC is accredited through the State of South Dakota and the Commission on Accreditation of Rehabilitation Facilities (CARF).

Located on the Standing Rock Reservation in South Dakota, the GPAYRTC treatment staff consists of licensed addictions counselors, two clinical psychologists, a registered nurse and a family mental health specialist. A Special-Education Certified teacher oversees the Chief Galla Alternative Education Program where the residents work on credit recovery while in the program.

The mission of the GPAYRTC is to provide quality holistic behavioral health care for American Indian/Alaska Native adolescents and their families. The substance-free



Great Plains Area Youth Regional Treatment Center treat adolescents for substance abuse or chemical dependency.

residential environment integrates traditional healing, spiritual values, and cultural awareness. Comprehensive assessments allow staff to tailor individual treatment plans to address each resident's uniqueness.

Residents participate in various cultural activities such as daily smudging, morning prayer, community meetings, and Inipi/sweats; attend local cultural events that include powwows, hide-tanning, and tours of historical monuments/sites, and participate in groups such as Cultural Values per gender, White Bison (Wellbriety) and Healthy

Relations that are specific to American Indian adolescents. The goal of the GPAYRTC is to reconnect residents with their culture and teach healthy choices.

For more information, please call (605) 845-7181 or visit the GPAYRTC website: [http://www.ihs.gov/aberdeen/?module=ab\\_ao\\_hf\\_ayrtc](http://www.ihs.gov/aberdeen/?module=ab_ao_hf_ayrtc)

# Fresno Native Youth Support Development of a System of Care



Gathering of Native Americans (GONA) 2012

The Fresno American Indian Health Project in Fresno, California has been supporting local youth and families in the planning and development of a children's mental health service system through the SAMHSA Circles of Care initiative since 2011. Through an annual Gathering of Native Americans (GONA), youth are learning about how culture impacts elders' wellness as they learn how common indigenous teachings apply to their own lives, to the community's health, and to the future of both.

Four basic principles—Belonging, Interdependence, Mastery, and Generosity—are used to teach Native youth cultural values that are now being observed in emerging youth leaders. For example, one graduating youth participant is being trained as a GONA facilitator to

support and contribute to the younger generations growing up in the community. Youth have supported the development of a youth wellness tool by adapting an adult version of the Medicine Wheel Wellness Assessment and piloting it with local youth to ensure that the tool is useful, strength-based, and youth friendly. This tool is now being disseminated to other urban Indian communities to support wellness and growth assessments of Native youth, demonstrating the impact of their leadership in making contributions beyond their own community.

As a part of the Circles of Care initiative, the Fresno Native Youth Council also supported the development of a youth survey, implemented a youth photovoice project and

conducted interviews with elders to contribute to a community needs assessment. The youth survey was administered to over 100 local Native youth and generated important information about what local youth experience and need to support their health and well-being.

While Youth Council representatives helped facilitate the photovoice project, other youth volunteers participated through photography to answer important questions about their community such as what makes us happy, what symbolizes our culture, and what do we want to see in our community? Photography reflecting the local environment, family, concerns, strengths, and culture created a forum for youth to talk about their thoughts and ideas around health and well-being. Further, youth were trained to conduct interviews with local elders using culturally-based methods for engagement through generosity.

Youth volunteers gained valuable knowledge from local elders by asking questions about the history of the local Native community and ways in which culture supports wellness. This information supported a comprehensive needs assessment for Fresno Native youth and families. In the last year of the Fresno Circles of Care initiative, youth and families are supporting the development of a System of Care service model that will meet their needs to provide comprehensive, quality, and culturally respectful services.

## OJJDP Partners With National Tribal Youth Organization To Advance Youth Leadership in Indian Country

On November 22, 2013, OJJDP announced a new partnership with United National Indian Tribal Youth, Inc. (UNITY). UNITY will receive \$850,000 from OJJDP to plan and implement the National Intertribal Youth Leadership Development Initiative. The initiative will offer training and learning opportunities for American Indian/Alaska Native (AI/AN) youth to increase positive outcomes in their school, community, and family environments.

"The National Intertribal Youth Leadership Development Initiative brings needed resources to Indian country to support and enhance tribal efforts to prevent delinquency and improve the juvenile justice system for American Indian and Alaska Native youth," said OJJDP Administrator Robert L. Listenbee. "The initiative will build on the successes of past OJJDP National Intertribal Youth Leadership Summits and further expand the leadership development support that OJJDP offers to tribal youth."

UNITY is a national organization promoting personal development, citizenship, and leadership among AI/AN youth ages 14–24. Its network currently includes 132 affiliated youth councils in 35 states.

This article has been reproduced from the November/December 2013 issue of OJJDP News @ a Glance with the permission of the Office of Juvenile Justice and Delinquency Prevention.



# Domestic Violence Prevention Initiative Features Youth-Centered Approaches

*Lisa M. Chee, B.A., Pinon Health Center  
Indian Health Service*

The Pinon Health Promotion (HP) Domestic Violence Prevention Initiative (DVPI) has focused a lot of its work on youth centered approaches through partnerships with the Pinon HP Social Marketing Initiative and local schools. The program began introducing a domestic violence (DV) social marketing approach through bullying programs at the elementary and middle schools.

The first step of this program was to educate school administration staff on the bullying policy and to provide strategies for successfully communicating this information to students. The second step was to educate students about bullying and its effects, as well as provide them with coping strategies and resources.

High school students are provided continual educational sessions on bullying and intimate partner violence, and included in several different types of services where youth are the driving force in the execution of campaigns and events. For example, students entered a poster contest in which the winning posters were professionally printed, matted, and displayed.

The poster contest was the first "Art Gallery Show" of its kind. All of the artists incorporated their perspectives on dating violence (DV) from a survivor's standpoint, or described the cycles of DV in their narratives

to create their work. Information on coping strategies was provided, including how art can be a great tool for working through stress. The showcases provide an avenue to begin difficult conversations in the home about violence and making DV a more approachable topic within the community.

Working in conjunction with the athletic director at the high school, the 1Team, 1Cause, 1Movement Campaign (1TCM) was created. Student athletes acted as spokespersons for

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2012 October Art Gallery Show

## Marcella Ronyak, Ph.D., LICSW, CDP Selected as Lead Public Health Advisor for Alcohol and Substance Abuse Division



The Indian Health Service, Office of Clinical and Preventive Services recently selected Marcella "Marcy" Ronyak, Ph.D., LICSW, CDP as Lead Public Health Advisor for Alcohol and Substance Abuse Division of Behavioral Health. Dr. Ronyak is a member of the Confederated Tribes of the Colville Reservation in Nespelem, Washington. She previously worked for the Confederated

Tribes of the Colville Reservation as the Tribal Psychologist for two separate terms, as well as an independent contractor providing clinical services to children and families within the community.

Dr. Ronyak received her doctorate degree in Counseling Psychology & Educational Leadership from Washington State University in 2004 and completed her pre-doctoral internship with Colorado State University Counseling Center in Fort Collins, Colorado. She completed her Master of Social Work degree at Walla Walla College (University) in 1998 as a part of the advanced standing program and was a recipient of an Indian Health Service Scholarship in 1997-1998. Dr. Ronyak received her Bachelor's degree in social work from Eastern Washington University in 1997.

Dr. Ronyak has been instrumental as a proven leader for organizational change, enhancement of educational models within Paschal Sherman Indian School, and

conducted research to enrich the understanding of underutilization of services within the boundaries of the Colville Tribe. Her dissertation topic was the *Colville Tribal Members' Views on Mental Health & Wellness: A Qualitative Investigation*.

Due to the high rates of substance abuse and suicides among American Indians, she has researched and developed a clinical program that was implemented at Paschal Sherman Indian School in 2005 to address co-occurring issues in an effort to improve the quality of life for many young Native American students and their families.

In 2002, she was appointed as the American Indian Community Representative for the Institutional Review Board for Washington State University and was the Graduate Student Representative for the Research and Arts Committee.

# SAMHSA's New Tribal Training and Technical Assistance Center

## Who We Are

The Tribal Training and Technical Assistance (TTA) Center is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). We use a culturally relevant, evidence-based, holistic approach to support native communities in their self-determination efforts through infrastructure development and capacity building, as well as program planning and implementation.

## What We Do

The Tribal TTA Center provides TTA on mental and substance use disorders, suicide prevention, and the promotion of mental health. We offer broad, focused, and intensive TTA to federally-recognized tribes, other American Indian and Alaska Native (AI/AN) communities, SAMHSA grantees, and organizations serving Indian Country.

## Who We Serve

- ▶ Rural and urban tribal nations and organizations
- ▶ SAMHSA tribal grantees
- ▶ A select group of communities for intensive TTA
- ▶ TTA contractors who serve tribal grantees and tribal members
- ▶ Governmental and non-governmental entities

## How to Request TTA

Tribal communities and SAMHSA grantees can contact the Tribal TTA Center to submit TTA inquiries via:

**Tribal TTA Center Webpage:**  
<http://beta.samhsa.gov/tribal-ttac>

**SAMHSA Tribal Training and Technical Assistance Center**

**Phone: 240-650-0257**

**8201 Corporate Drive, Suite 800**

**Landover, MD 20785**

**Email: [TA-Request@tribaltechllc.com](mailto:TA-Request@tribaltechllc.com)**

Following your request, you will be contacted by Tribal TTA Center staff.

AI/AN communities have the cultural knowledge, skills, and resilience to address and prevent mental and substance use disorders, prevent suicide, and promote behavioral health. Their cultural beliefs and practices provide a foundation for promoting lasting wellness, solving problems, and taking action.

## Strategic Cultural Framework

*The SAMHSA Tribal TTA Center is based on these principles:*

### Vision:

Behavioral health and wellness for tribal communities begins with acknowledging the effects of historical trauma, honoring cultural values, and developing of a vision of success.

### Circles of Relationships:

The quality and authenticity of relationships provides the critical pathway for this work to be effective and sustainable. These circles of relationships must emerge from the community and be based on the successful integration of memberships and responsibilities.

### Sense of Hope:

Tribal communities believe spirituality is at the core of their survival. A sense of hope includes interconnectedness (circles of relationships), sacredness of inner spirit (cultural resilience), balance (awareness), and responsibility to be lifelong learners (growth).

PrettyPaint, I. (2008) *Miracle survivors: A grounded theory on educational persistence for tribal college students*. Minneapolis, MN: University of Minnesota

## How We Deliver Training and Technical Assistance (TTA)

- ▶ National and regional trainings
- ▶ Gathering of Native Americans/Gathering of Alaska Natives
- ▶ Learning communities
- ▶ Assistance with Tribal Action Plans
- ▶ Intensive community engagement
- ▶ Onsite and virtual technical assistance
- ▶ Production and dissemination of resources

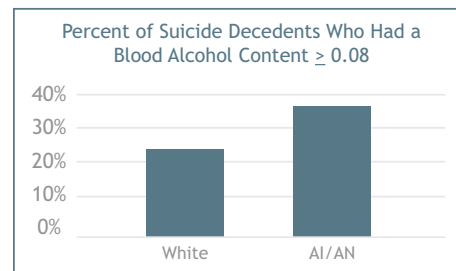
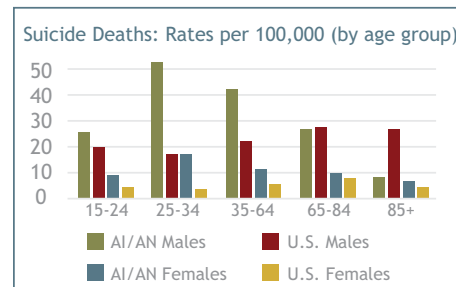
## Collaborative Partnerships

The Tribal TTA Center partners with other TTA providers and federal agencies servicing AI/AN tribes and communities to maximize resources and efforts in Indian Country that promote mental health and support the prevention of suicide and substance abuse. Some of these partners are:

- ▶ Collaborative for the Application of Prevention Technologies (CAPT)
- ▶ Fetal Alcohol Spectrum Disorders Center for Excellence
- ▶ Office of Indian Alcohol and Substance Abuse (OIASA)
- ▶ SAMHSA Regional Administrators
- ▶ Suicide Prevention Resource Center (SPRC)

## Need for Services

Suicide rates of AI/AN populations are higher than any other group in the United States. The National Survey on Drug Use and Health reports that AI/AN populations drink less overall than the national average, but the rate of binge drinking is higher. Alcohol abuse, and particularly binge drinking, has been shown to contribute to higher rates of suicide.



Data Source: Research Society on Alcoholism (2013)

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## The Path Ahead

- Provide TTA to federally-recognized tribes, other AI/AN communities, SAMHSA grantees, and organizations serving Indian Country.
- Work collaboratively with governmental and non-governmental entities to leverage resources and address a variety of issues affecting tribal communities, families, and youth.
- Work with SAMHSA tribal grantees and other TTA contracts that serve tribal grantees and tribal members.
- Assist tribal communities in mobilizing, planning, and implementing community-based and culturally tailored evidence-based interventions.
- Increase protective factors linked to the healthy and safe development of AI/AN children, families, and communities
- Promoting student leadership and indicating that the youth are asking their community to create change.

### Domestic Violence Prevention Initiative Features Youth-Centered Approaches (continued from page 4)



Harrick Francis DV Art Gallery Show Participant  
Title of Work "Love to Leave" 2012

community change. This began by educating all winter athletes about DV and having them commit to being representatives of positive change on behalf of their schools. Winter athletics was chosen due to its popularity among the community. Basketball games are a very popular gathering place for many community members, and basketball players are often seen as role models to younger children.

The 1TCM consists of community education, media marketing (purple is the indicator of the cause), and voluntarism. This campaign encourages students to commit to being violence free and become leaders of change. Students and community members volunteer to educate their communities on DV with assistance from DV health technicians. They also

volunteer their time at game half-time events, signing commitment posters for visiting teams, and survey distribution. The students also participated in making a Public Service Announcement (PSA) that is played at games.

The community was involved as well by taking part in a photo booth where they posed with their "6th Man". This 6th Man is someone who has made a positive change in that individual's relationship. These photos are posted on the service unit's social media page along with a narrative explaining how their "6th Man" made that impact.

The athletic director has played a major role in making this campaign possible—addressing the community at games during half-time, promoting student leadership as an indication that the youth are asking their community to create change.

Other programs offered by the Pinon HP DVPI include:

- The evidence-based Safe Dates program, which is provided to high school students as an after school program. The high school is in the process of getting school board approval for the program to become a part of the health class curriculum for the 2014-2015 school year.
- The Center of My Basket, which provides a wide range of maternal, and child health information and two sessions on DV. These sessions were created to address and prevent possible child abuse and neglect, which is often associated with DV. These sessions are held at the school so that teen parents (with parental permission) may have direct access to them.

- Media Madness Tours, which take place during the summer months. This campaign is a spin-off of the bullying and social marketing programs at the schools. At these events, children are provided with information (based on age) on either intimate partner violence or bullying. They, in turn, will either work on posters or participate in a newly added PSA activity where the children are engaged in the planning and production.

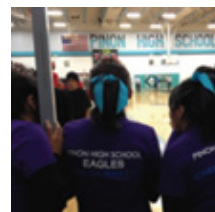
The work that has been provided to youth in the Pinon area has been created to not only get their attention, but also to get them to take action. The community and the youth look forward to these events, campaigns, and sessions because they are encouraged to take information that has been presented to them and actively create an end product that engages the entire community.



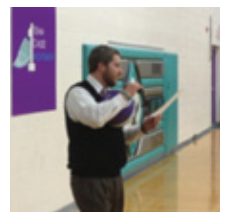
Harrison Benally, Jr.  
Winner of  
Anti-Bullying  
Poster Campaign  
2013-2014, SY



Courtney Ben Winner  
of Anti-Bullying Poster  
Campaign 2012-2013, SY



PHS Cheerleaders  
at Purple Out Event  
2012-2013  
1TCM Campaign



Mark Gathmann,  
PUSD Athletic Director  
Addressing crowd  
during 2012-2013  
1TCM Campaign



# Tribal Action Plans in Motion

*Marcella Ronyak, Ph.D., LICSW, CDP, Alcohol and Substance Abuse Lead  
Division of Behavioral Health, Indian Health Service*

The Northwest Portland Area Indian Health Board (NPAIHB) has made great strides in the development and implementation of the Tribal Action Plan (TAP) process. The Tribal Law and Order Act of 2010 (TLOA) has set forth in motion the collaboration of federal agencies to address the unique alcohol and substance abuse issues faced by American Indians and Alaska Natives. Coordinated efforts for prevention and treatment at the local level can be addressed through the development and implementation of a comprehensive TAP.

The NPAIHB has developed and implemented the Northwest Tribal Suicide Action Plan (2009-2013), STD/HIV Tribal Action Plan (2009-2011), Northwest Tribal Substance Abuse Action Plan (2011-2015), and the Adolescent Tribal Action Plan (2014-2018). The plans incorporated representation of 43 tribes within the Pacific Northwest (Idaho, Oregon, and Washington) and took coordination, commitment and determination by all multi-disciplinary agencies involved.

Dr. Stephanie Craig Rushing, Project Director, NW Tribal EpiCenter, has been an integral part of the development and implementation process. She described the process as being “a development plan for a region.”

NPAIHB utilized existing collaborative meetings that took place within the area as many committees were already addressing a variety of public health issues. The first TAP

began with the STD/HIV Coalition and the process took approximately 12-18 months, according to Dr. Rushing. She encouraged them to “think realistically in taking the first steps in order to avoid being overwhelming.”

## The Development Process— TAPs Taking Shape

In the initial meeting, the development process focused on collecting background data to identify priority populations and health issues. A community readiness assessment was adapted from the Community Readiness Model, developed by Plested, Thurman, Edwards, and Oetting at Colorado State University: <http://www.nccr.colostate.edu/>. The adapted community assessment was discussed at length with regional partners to enhance the exploration of a broad array of related topics, including prevention activities, treatment services, and perceptions about community knowledge, action, climate, and concern. The information gathered was used to collaboratively select and design culturally appropriate intervention strategies that were responsive to the current level of community capacity and readiness within the Northwest tribes.

The next few meetings focused on utilization of data to guide planning sessions and the scope of work, including identification of goals, objectives, partner's responsibility for assigned activities, and clarification of assigned roles and responsibilities of each agency. Even though there was no specific funding for the implementation of the suicide

plan, all agencies utilized existing resources and areas of expertise for successful implementation of the plan.

Board members of the NPAIHB reviewed the proposed plans, which took approximately 6 months or longer, according to Dr. Rushing. Feedback was obtained from various stakeholders to finalize the plan to ensure that the plans represented all 43 tribes and the unique issues within the American Indian and Alaska Native communities.

## Determination and Passion Catalysts for Success

According to Dr. Rushing, the determination and passion from area health advocates and their commitment to address sensitive topics were catalysts for the successful development and implementation of the TAPs. Given the large representation of tribes within the Pacific Northwest, it was important to take a regional approach for guidance within local communities in order to address evolving public health concerns.

“We wanted to ensure that regular activities were meeting the readiness level of tribes and communities as well as tailoring the needs and activities for the tribes,” Dr. Rushing stated. The readiness level of tribes varied significantly, which led to the development of a multi-level action plan to meet the tribal readiness level. According to Dr. Rushing, the overall goal of the TAPs are to “create healthy, strong, young people to stop the negative health issues.”

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# Impact of the Affordable Care Act on American Indians and Alaska Natives

According to an October 2013 Issue Brief published by the Kaiser Family Foundation, Health Coverage and Care for American Indians and Alaska Natives, “nearly one in three American Indians and Alaska Natives (AI/AN) is uninsured.” Overall, American Indians and Alaska Natives have lower rates of access to employer-sponsored coverage

because they have a lower employment rate and tend to be employed in low-wage jobs that typically do not offer health insurance. According to the article, less than four in 10 (36%) American Indians and Alaska Natives have private coverage, compared to 62% of the overall non-elderly population.

The Affordable Care Act (ACA) offers opportunities to increase coverage and access to care for AI/AN. The ACA seeks to reduce the number of uninsured through an expansion of Medicaid and the creation of state run or the federal Health Insurance Marketplaces. The article states that “Nine in ten (94%) uninsured AI/AN have incomes in the range to qualify for coverage expansions.” However, according

to the authors, “American Indians and Alaska Natives may continue to face significant gaps in coverage and face growing inequities in coverage and care in states that do not expand Medicaid.”

In addition to expanding the Medicaid program and private health insurance, the ACA permanently reauthorizes the Indian Health Care Improvement Act, extending and authorizing new programs and services within the IHS. The complete Issue Brief can be found at <http://kff.org/report-section/health-coverage-and-care-for-american-indians-and-alaska-natives-issue-brief/>.

engagement of youth is leading to the acceptance of changes in community practices. Communities understand that youth have the ability to carry on tribal customs and traditions that are most healthy and to let go of beliefs and teachings that lead to imbalance within current society, she explains.

One important trend brought about by Native youth is the development of enhanced connections between rural and urban areas, which supports improved balance for both and strengthens cultural identity. This is driven by young people's curiosity about the experiences of others. When they move to cities for college or work, young people find it helpful to have established connections. Similarly, urban youth need opportunities to learn about their cultures, which is easier when they have connections on tribal lands. Regardless of where they live, Native youth need a strong, positive cultural identity to help them withstand the existing racism and discrimination that disenfranchises and minimizes tribal cultures.

The arts and technology are central to young people's identity and social lives. Youths' interests are part of the cultural adaptations that always take place with a new generation. The key is for communities to adopt positive changes that are built on both old ways and new ways (e.g., digital story telling). Native community activities now include and reflect the interests of youth—for example, social networking and skateboarding, hip hop and spoken word, contemporary art, and business—to strengthen cultural identity. Many tribal communities are adopting inter-tribal pow-wows to support healthy social gatherings for youth and families. Some are using humor to address racism and historical traumas and to raise awareness of Indian culture and history (e.g., <http://indiancountrytodaymedianetwork.com/2012/09/02/cutting-edge-native-comedy-14915-130943>).

## Tangible Results

The positive impact that Native youth are having on their cultures goes beyond broad trends. Their role in cultural revitalization is evident in tangible results and activities. These projects and products are as diverse as the youth themselves, for example:

Through the Methamphetamine & Suicide Prevention Initiative funded by the Indian Health Service, young people have convened the Stronghold Youth Conference in each of the past 4 years. Held at the Friendship House of American Indians in San Francisco, youth develop the conference's agenda. They focus on local health and social issues for Native youth and support the development of videos and public service announcements. (<http://www.snagmagazine.com/2010/04/stronghold-youth-conference-2010.html>; <http://www.youtube.com/watch?v=TWr3D-Nxzw6I>)

“Young people want to contribute to their communities because in giving to others, we are giving to ourselves.” — Dr. Bartgis

Through the Fresno American Indian Health Project funded by the SAMHSA Circles of Care Initiative, youth developed and led a photovoice effort to help collect data from other young people. Youth received cameras to answer questions about their communities with photography. The photographs served as a springboard for Native youth to have important conversations about their needs, challenges, and strengths. Through this project, the youth also conducted interviews with elders to gain their wisdom and insight about community needs and cultural strengths. Information from the project contributed to a Community Needs Assessment for the Fresno Native community.

## What Moves Youth?

Young leaders take action to address the issues and challenges faced by Native communities because they have direct personal experience with them. “Whether they have experienced mental difficulties or family disruption, personally or through relations, it is not uncommon for Native youth to be concerned about their friends and loved ones who are struggling, and to feel real anxiety about how to help them get out of difficult life situations,” says Dr. Bartgis. Youths' motivations to make positive changes in their communities also stems from a deeper value taught by their cultures—generosity as an important

part of maintaining balance. Following the old teaching and world view that “we are all related,” young people want to contribute to their communities because “in giving to others, we are giving to ourselves.”

## Cultural Traditions Important

Wanting to make changes in the community is one thing, but it can be difficult for anyone to stick with projects and make a difference. What strengths do young people—who are perhaps dealing with all kinds of personal changes and transitions—draw on to sustain their interest and energy in community

mental health planning activities? Dr. Bartgis notes that in general, youth who draw upon their own tribal traditions, customs, and knowledge fare much better than those who do not. “By grounding their advocacy in cultural traditions, youth leaders are able to bridge gaps within and between communities. It gives their work a strong sense of purpose, meaning, and direction,” she says.

For youth to learn Native traditions, they need connections to elders, who help bridge the cultural knowledge gaps that many tribal and American Indian communities are facing. Many elders with the tribal stories and knowledge have already passed, so connecting youth with elders is critical for the survival of customs and traditional healing ways. Creativity and technology—for example, language programs such as Rosetta Stone Navajo and the Apple's support to the Cherokee National Language Emersion program—can play a valuable role in bridging these gaps (<http://www.cherokeephoenix.org/Article/Index/5568>).

One promising program that supports youth leadership and mentoring in communities across the country is the Gathering of Native Americans (GONA). The GONA is a 4-day youth prevention curriculum that imparts four important teachings that cross many indig-

(continued on page 9)



enous cultures and communities—Belonging, Mastery, Interdependence, and Generosity—and engages youth to consider how each applies to their own lives, communities, and the future of both. Through this curriculum, Native youth are contributing to their communities through voluntarism and service and are emerging as local leaders and mentors.

For example, the San Francisco Bay Area has implemented the GONA for more than a decade. Youth who are “aging out” of the program often return to be peer-mentors, and many attain jobs in the local Indian centers and seek higher education to support a career in prevention and health. There are a few other national programs that support formalized local mentoring programs—including the United National Indian Tribal Youth (UNITY) and American Indian/Alaska Native Boys and Girls Club. Youth MOVE also has the potential to support Native youth involved in mental health advocacy and mentorship.

Youth need the traditional knowledge of the elders, but they also need a strong and sizable network of peers. “Engaging only one or two youth in local programming may not provide the energy and support they need to

keep their involvement going. I recommend that communities support the development of strong youth councils and provide them with some resources and the autonomy to make decisions to ensure that a wide range of diverse youth are working together to support advocacy as a team,” says Dr. Bartgis.

### How Programs Can Involve Youth

Dr. Bartgis suggests that programs can enhance youth outreach by investing time, funding, and resources in young people. Administrators who hire youth staff (or provide stipends) are building a local workforce and investing in youth. Youth-friendly organizational policies and procedures, for example, policies for using social media, can boost engagement in local youth councils and mechanisms for youth involvement. “I recommend that adults communicate the bigger picture of projects, develop ‘no acronym zones,’ take time to define terms and concepts, and clarify youth ideas continually until their messages and guidance are understood,” says Dr. Bartgis.

Often, adults take the lead when youth are present. But Dr. Bartgis suggests that adults step back a little—to give young people

the space to develop and create—and offer gentle guidance to promote youth leadership, rather than participation. For example, adults can support youth in developing their own youth council agendas, ask youth to lead meetings and discussions, and allow youth to develop and implement projects with adult support. Youth projects should result in something tangible and involve ways for young people to apply their skills today for some immediate change or result, while linking to long-term goals.

“When youth are actively engaged in community planning, implementation, and evaluation the local outcomes are deeper and more sustainable, because youth will carry on for the generations to come. I would like to personally thank and encourage all the youth leaders across the country that have contributed to my growth and experience in supporting community healing and change,” says Dr. Bartgis.

*Jami Bartquis, Ph.D. is President and CEO of One Fire Associates, LLC, [drbartquis@onefire-associates.org](mailto:drbartquis@onefire-associates.org).*

### Tribal Action Plans in Motion (continued from page 7)

To review the four Tribal Action Plans developed by the dedicated work of the NPaiHB, please visit their website at: <http://www.npaihb.org/epicenter/project/tribal-action-plans>.

For additional information, contact Dr. Stephanie Craig Rushing at (503) 416-3290.

### Additional Resources:

Tribal Health: Reaching out InVolves Everyone (THRIVE) (<http://www.npaihb.org/epicenter/project/thrive/>) provides training and TA for suicide prevention and has developed four national AI/AN social marketing campaigns addressing: suicide prevention/bullying (Community is the Healer that Breaks the Silence);

- ▶ substance abuse (I Strengthen My Nation);
- ▶ sexual assault (My Mind, Body, and Spirit are Sacred);
- ▶ family violence (What is Done to One is Felt by All).

### All are available here:

<http://www.npaihb.org/epicenter/project/mspi-prevention-media-resources>

We R Native is a multimedia health resource for Native teens and young adults. The program includes an interactive website (<http://www.weRnative.org>), a text messaging service (Text NATIVE to 24587), a Facebook page, a YouTube channel, a Twitter feed, and print marketing materials.

### Native STAND Curriculum:

Native STAND is a comprehensive curriculum for Native high school students that promotes healthy decision-making. The curricula is highly interactive and skills-based, and focuses on STD/HIV and teen pregnancy prevention, while also covering drug and alcohol use, suicide, and dating violence.

Sessions focus on positive personal development, including team building, diversity, self-esteem, goals and values, healthy decision making, negotiation and refusal skills, and effective communication. It was designed to train peer-educators in the 10th grade, but has been successfully used by Tribes in other settings and adapted for other grade levels.

The curricula is available at: <http://www.ncsddc.org/what-we-do/health-disparities/native-stand-curriculum>

- ▶ Native STAND Fact Sheet: [http://www.npaihb.org/images/epicenter\\_docs/PRT/2012/Native%20STAND%20-%20one%20pager.docx](http://www.npaihb.org/images/epicenter_docs/PRT/2012/Native%20STAND%20-%20one%20pager.docx)
- ▶ Native STAND was evaluated in 2009-2010 in four BIE Boarding Schools. The final report is available here: [http://www.npaihb.org/images/epicenter\\_docs/PRT/2012/Native%20STAND%20Aggregate%20-%20Final%20Report.doc](http://www.npaihb.org/images/epicenter_docs/PRT/2012/Native%20STAND%20Aggregate%20-%20Final%20Report.doc)
- ▶ An article describing the process was published in 2011: Health Education Monograph: [http://www.npaihb.org/images/epicenter\\_docs/PRT/2012/Native%20STAND%20Eval%20School-Based%20RRI.pdf](http://www.npaihb.org/images/epicenter_docs/PRT/2012/Native%20STAND%20Eval%20School-Based%20RRI.pdf)
- ▶ The curriculum's videos are available on YouTube: <http://www.youtube.com/user/Nativestand7#p/u>
- ▶ A teacher's guide for the videos is available here: [http://www.npaihb.org/images/epicenter\\_docs/PRT/2012/Native%20STAND%20-%20Teacher%20Guide.docx](http://www.npaihb.org/images/epicenter_docs/PRT/2012/Native%20STAND%20-%20Teacher%20Guide.docx)

# Announcements

## Funding Opportunities

- ▶ **AmeriCorps Indian Tribes Grants FY 2014**  
<http://www.nationalservice.gov/build-your-capacity/grants/funding-opportunities/2014/ameri-corps-indian-tribes-grants-fy-2014>  
Application Deadline: April 30, 2014
- ▶ **ACF – The FY 2014 ACF Administration for Native Americans Funding Opportunity Announcements** are now published! [Click here](#) to see a full list of the FOAs, including information on how to apply. The application period will close on April 15, 2014.
- ▶ **Department of Commerce – Alaska Native Organization Co-Management Funding Program**  
Funding Opportunity Number: NOAA-NMFS-AK-2014-2003984  
Posted Date: January 21, 2014  
Application Deadline: April 7, 2014
- ▶ **DOJ Coordinated Tribal Assistance Solicitation**  
Application Deadline: March 24, 2014  
<http://www.justice.gov/tribal/ctas2014/2014ctas-solicitation.pdf>
- ▶ **DOJ/Bureau of Justice Assistance FY 14 Adult Drug Court Discretionary Grant Program**  
Funding Opportunity Number: BJA-2014-3779  
Posted Date: January 15, 2014  
Application Deadline: March 18, 2014
- ▶ **HRSA** – Three funding opportunities under *HRSA's Healthy Start Program* have been reopened through Monday, March 31, 2014. For details and links to each Funding Opportunity Announcement (FOA), visit the Healthy Start technical assistance webpage at [www.hrsa.gov/grants/apply/assistance/healthystart/](http://www.hrsa.gov/grants/apply/assistance/healthystart/).
- ▶ **SAMHSA – Planning Grants for Expansion of the Comprehensive Community Mental Health Services for Children and their Families (Short Title: System of Care Expansion Planning Grant)**  
Funding Opportunity Number: SM-14-001  
Posted Date: December 19, 2013  
Application Deadline: March 19, 2014
- ▶ **SAMHSA – Implementation Cooperative Agreements for Expansion of the Comprehensive Community Mental Health Services for Children and their Families Program (Short Title: System of Care Expansion Implementation Cooperative Agreement)**  
Funding Opportunity Number: SM-14-002  
Posted Date: December 19, 2013  
Application Deadline: March 21, 2014
- ▶ **SAMHSA – Grants to Expand Substance Abuse Treatment Capacity in Adult Tribal Healing to Wellness Courts and Juvenile Drug Courts** Visit the following link for more information: <http://beta.samhsa.gov/grants/grant-announcements/ti-14-003>.

## Internships/Scholarship

- ▶ **National Congress of American Indians (NCAI)** offers internships and fellowships to provide an opportunity for young leaders from throughout Indian Country to serve on the front lines of legislative action and policy development. All interns and fellows are selected through an application and interview process. For more information, visit: <http://www.ncai.org/native-youth/fellowships-internships>.
- ▶ **The Center for Native American Youth at the Aspen Institute**, offers an in-depth list of resources for youth. Established by former North Dakota Senator Byron Dorgan, the organizations resources offers resources for youth, tribes, and others. For more information, including most recently the announcement of the 2014 Champions for Change, visit <http://cnay.org/>.
- ▶ **Washington Internships for Native Students (WINS)**, a program administered by American University, offers students of sovereign American Indian and Alaska Native (AI/AN) nations the opportunity to build leadership skills while living, studying, and interning in Washington, DC.

Developed in response to the White House Initiative on American Indians and Alaska Natives, this enriching program offers qualified students full scholarships funded by American University and sponsoring organizations. Students will gain professional work experience through interning at a federal agency or private firm, take courses focusing on Native American public policy concerns, and participate in social and cultural extra-curricular activities.

The program runs for eight weeks during the summer. For information, visit <http://www.american.edu/spexs/wins/>.

# Events

## ► NCAI 2014 Mid Year Conference

June 8 - June 11, 2014

Anchorage, AK

<http://www.ncai.org/>

[events/2014/06/08/2014-mid-year-conference](http://www.ncai.org/events/2014/06/08/2014-mid-year-conference)

## ► National Indian Health Board

5th Annual National Tribal Public Health Summit

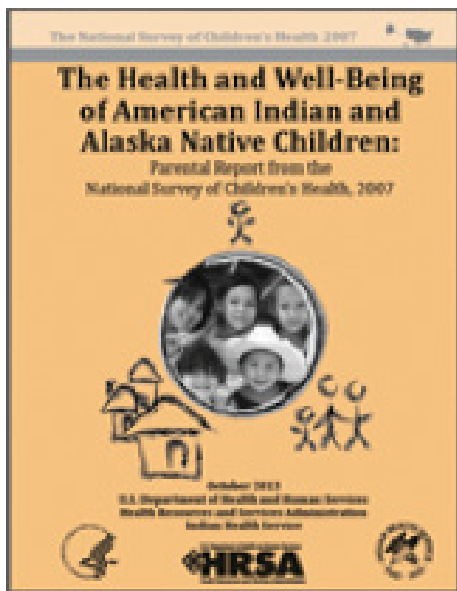
*Building Healthy Communities:*

*Knowledge, Tools and Know-How*

March 31-April 2, 2014 | Billings, Montana

<http://www.nihb.org/>

# Resources



## HRSA: The Health and Well-Being of American Indian and Alaska Native Children

[The Health and Well-Being of American Indian and Alaska Native Children \(PDF - 8 MB\)](#)

*The Health and Well-Being of American Indian and Alaska Native Children: Parental Report from the National Survey of Children's Health, 2007.*

This report is a first of its kind applying the 2007 National Survey Data on Child Health with an exclusive focus on American Indian and Alaska Native Children. Child health indicators and data are presented with an attempt to mirror the Indian Health Service Areas and where sufficient, state level data was also made available. The Table of Contents outlines indicators that address the contexts in which children grow and develop.

**Citation:** U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The Health and Well-Being of American Indian and Alaska Native Children: Parental Report from the National Survey of Children's Health, 2007.* Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

**The National Library of Medicine (NLM)/Division of Specialized Information Services K-12 Work-group:** New classroom activities and lesson plans for Native Voices: Native Peoples' Concepts of Health and Illness available. For grades 6-12, these classroom activities and lesson plans familiarize students to the health and medicine of Native Americans, Alaska Natives, and Native Hawaiians. For more information, visit <http://www.nlm.nih.gov/nativevoices/resources/lesson-plans-list.html>

## Leading the Way in Combating Tobacco Abuse

The Surgeon General is releasing a new report that will highlight 50 years of progress in tobacco control, present new data on the health consequences of tobacco abuse, and detail initiatives that can help end the tobacco epidemic in the United States. The Indian Health Service (IHS), specifically, the Hopi Tribe, led the nation in establishing smoke-free health care environments. In 1983 the Hopi Tribal Council passed a resolution that made Keams Canyon Hospital in Arizona the first smoke-free hospital in the United States. The Portland area then declared all its facilities as smoke-free, becoming the first IHS area to become totally smoke-free. All of IHS soon followed, making it the first federal agency to be completely smoke free. For more information, visit <http://www.ihs.gov/newsroom/directorsblog>.



## Justice Department Task Force Launches Public Hearings to Address American Indian/Alaska Native Children's Exposure to Violence

Three American Indian tribes—the Pascua Yaqui Tribe of Arizona, the Tulalip Tribes of Washington, and the Umatilla Tribes of Oregon—will be the first in the nation to exercise special criminal jurisdiction over certain crimes of domestic and dating violence, regardless of the defendant's Indian or non-Indian status, under a pilot project authorized by the Violence Against Women Reauthorization Act of 2013 (VAWA 2013). For more information, visit <http://www.justice.gov/opa/pr/2014/February/14-ag-126.html>.

## SAMHSA's New Report Tracks the Behavioral Health of America

A new report from SAMHSA illuminates important trends—many positive—in Americans' behavioral health, both nationally and on a state-by-state basis. For more information, visit <http://www.samhsa.gov/newsroom/advisories/1401301041.aspx>.

## OJJDP-Supported Youth Program Impact Toolkit for Law Enforcement Available

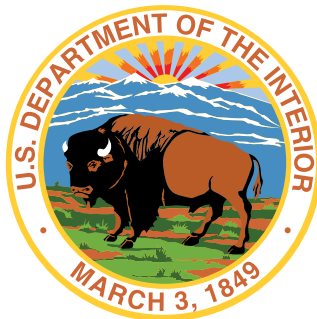
In collaboration with OJJDP, the International Association of Chiefs of Police (IACP) has developed a Youth Program Impact Toolkit. The toolkit will help law enforcement agencies outline key features of their youth programs, including goals, objectives, activities, and what data they need to show impact. The toolkit includes an overview of the impact evaluation process, an 8-step guide for impact evaluations, sample youth-focused policing program diagrams, and a customizable evaluation template. The toolkit can be accessed through IACP's Youth Focused Policing Resource Center.

## The Center for Native American Youth at the Aspen Institute

The Center for Native American Youth at the Aspen Institute, offers an in-depth list of resources for youth. Established by former North Dakota Senator Byron Dorgan, the organization's resources offers resources for youth, tribes, and others. For more information, visit <http://cnay.org/>.

## Contributing Agencies

Feel free to copy and distribute



## Newsletter Contact Information

If you have any questions, concerns, or would like to contribute to this newsletter, please contact:

**CAPT Jean O. Plaschke, MSW, LCSW-C**

Youth Programs Officer

Office of Indian Alcohol and Substance Abuse

Substance Abuse & Mental Health Services Administration/Center for Substance Abuse Prevention

1 Choke Cherry Road, # 4-1064

Rockville, MD 20857

Tel: 240-276-1847

Fax: 240-276-2410

Email: [Jean.Plaschke@SAMHSA.hhs.gov](mailto:Jean.Plaschke@SAMHSA.hhs.gov)